

Interpreter Request

Case No. _____

1.

Name of Person Requesting Interpreter		Address
Telephone/TTY Number	Date Request Submitted	

2. The person who needs the interpreter is a:

☐ party. ☐ witness who is testifying. ☐ victim. ☐ other: _____

3. The interpreter will be needed:

☐ on (date) _____ at (time) _____ ☐ a.m. ☐ p.m.
☐ for all proceedings related to this case.

4. The language needed is:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> German | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Bosnian/Croatian /Serbian | <input type="checkbox"/> Khmer | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Chinese-Cantonese | <input type="checkbox"/> Lao | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Chinese-Mandarin | <input type="checkbox"/> Mai-Mai/Bantu | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Polish | |
| <input type="checkbox"/> Other (specify dialect): _____ | | |

(Complete the following, if different from number 1 above.)

5. Name of person completing this request: _____

Telephone/TTY Number: _____

Mailing Address: _____

IT IS ORDERED:
☐ This interpreter request is approved for: ☐ all court proceedings ☐ other: _____

☐ This interpreter request is denied because: _____
BY THE COURT:

Distribution:

- Judge
- Clerk of Court
- Attorney/party
- Other: _____

Court Official_____
Name Printed or Typed_____
Date